

COMPLIANCE CHECKLIST

► Outpatient Rehabilitation Facilities

The following Checklist is for plan review of clinic and hospital outpatient facilities, and is derived from the AIA Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000, Clinic Licensure Regulations 105 CMR 140.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II. A separate Checklist must be completed for each outpatient department.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following checklist symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E EXAM ROOMS). If more than one space serves a given required function (e.g. exam room), two checklist symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

- | | |
|--|---|
| <p>X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.</p> <p>E = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.</p> | <p><input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.</p> <p>W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).</p> |
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3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **3.1-7** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
5. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**3.2-**") and the specific section number.

Facility Name:

.....

Facility Address:

.....

Satellite Name: (if applicable)

.....

Satellite Address: (if applicable)

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Project Description:

.....

Building/Floor Location:

.....

Submission Dates:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.1-1.4** ENVIRONMENT OF CARE

1.4.1 ☐ Design ensures patient acoustical & visual privacy

3.1-1.6 FACILITY ACCESS

1.6.2 ☐ Building entrance
☐ grade level
☐ clearly marked
☐ access separate from other activity areas
 1.6.3 ☐ Design precludes unrelated traffic within the facility

3.2-1.3.1 PARKING

☐ Parking spaces for patients & family
☐ at least two parking spaces for each treatment space
☐ one space for each of the maximum number of staff persons on duty at any one shift
 (information must be provided in Project Narrative)

2.1-5.7.2 PHYSICAL THERAPY

☐ check if service not included in facility

2.1-5.7.2.1 Individual PT treatment areas

☐ check if service not included in facility
☐ privacy curtains
☐ min. 70 sf

Individual PT treatment rooms

☐ check if service not included in facility
☐ min. 80 sf

3.1-2.1.1.1**2.1-5.7.2.2** Exercise area & facilities**2.1-5.7.2.5** Soiled holding space (room or closet)

☐ Clean linen & towel storage
☐ Storage for equipment & supplies

2.1-5.7.2.6 Patient dressing areas & lockers
☐ handicapped accessible**2.1-5.7.3** OCCUPATIONAL THERAPY

☐ check if service not included in facility

3.1 Wheelchair accessible work areas & counters**3.4** Storage for equipment and supplies**2.1-5.7.5** SPEECH AND HEARING

☐ check if service not included in facility

5.1 Space for evaluation & treatment**5.2** Space for equipment & storage**3.1-3** SERVICE AREAS**3.1.1** Housekeeping rooms**3.1.1.1** at least one housekeeping room per floor**3.1.1.2** storage for housekeeping supplies & equipment**3.2** Engineering services & maintenance
 (may be shared with other departments or building tenants)**3.2.1** equipment room for boilers, mechanical equipment & electrical equipment**3.2.2** equipment & supply storage**3.3.1.1** waste collection & storage

☐ Handwashing stations

☐ Vent. min. 6 air ch./hr

☐ Handwashing station

☐ Vent. min. 6 air ch./hr

☐ Vent. 6 air ch./hr

☐ Handwashing station convenient to soiled holding space

☐ Vent. min. 10 air ch./hr (exhaust)

☐ Handwashing station

☐ Vent. min. 6 air ch./hr

☐ Floor service sink

☐ Vent. min. 10 air ch./hr (exhaust)

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.1-4.1** PUBLIC AREAS

- 3.1-4.1.1** Building entrance
 accommodates wheelchairs
- 3.2-3.1.1.3** convenient to parking
 accessible via public transportation
- 3.2-3.1.1.2** separate entrance to outpatient facility from outside grade **or** shared lobby or elevators
 handicapped access to outpatient facility
 access route separate from unrelated occupied areas
 access route separate from service areas of the outpatient facility
- 3.2-3.1.2.1** Reception & information counter or desk
 visual control of outpatient suite entrance
 immediately apparent from outpatient suite entrance
- 3.1.3** Waiting area
- 3.1.3.1** under staff control
- 3.1.3.2** at least two seating spaces for each treatment station
- 3.1.3.4** space for individuals on wheelchairs
- 3.1-4.1.4** Public toilets
 conveniently accessible from the waiting area
 access separate from patient care or staff work areas
- 4.1.5** Telephone for public use
 pay phone or wall-hung standard phone (local calls)
 conveniently accessible
- 4.1.6** Provisions for drinking water
 conveniently accessible
- 4.1.7** Wheelchair storage
 conveniently accessible

Vent. min. 6 air ch./hrHandwashing stationVent. min. 10 air ch./hr (exhaust)**3.2-3.2** ADMINISTRATIVE AREAS

- 3.1-4.2.1** Interview space
 provisions for privacy
- 3.1-4.2.2** General or individual offices for professional staff
- 3.2-3.2.1.1** Administrative office
 provisions for privacy
- 3.2-3.2.1.2** Clerical space
 separate from public areas
- 3.2-3.2.3** Multipurpose room
 adequate for conferences, meetings & health education
- 3.2-3.2.4** Medical records
 filing cabinets & space for secure patient records storage
- 3.2-3.2.5** provisions for ready retrieval.
 Administrative supply Storage
- 3.2-3.2.6** Support Areas for staff
 staff toilet
 staff lounge
- 3.1-4.2.5** storage for staff personal effects
 locking drawers or cabinets
 convenient to individual workstations
 located for staff control

Handwashing stationVent. min. 10 air ch./hr (exhaust)

GENERAL STANDARDS**DETAILS AND FINISHES (3.1-5.2)****Corridors (5.2.1.1)**

- ___ Min. outpatient corridor width 5'-0"
- ___ Min. staff corridor width 44"
- ___ Fixed & portable equipment recessed does not reduce required corridor width
- ___ Work alcoves include standing space that does not interfere with corridor width
 - ☐ check if function not included in project

Ceiling height (5.2.1.2)

- ___ Min. 7'-10", except:
 - ___ 7'-8" in corridors, toilet rooms, storage rooms
 - ___ sufficient for ceiling mounted equipment
- ___ Min. clearance 6'-8" under suspended pipes/tracks

Exits (5.2.1.3)

- ___ Two remote exits from each floor

Doors (5.2.1.4)

- ___ Doors for patient use min. 3'-0" wide

Glazing (5.2.1.5):

- ___ Safety glazing or no glazing within 18" of floor
- ___ Safety glazing in exercise rooms

Handwashing stations locations (5.2.1.6)

- ___ located for proper use & operation
- ___ sufficient clearance to side wall for blade handles

Floors (5.2.2.2)

- ___ floors easily cleanable & wear-resistant
 - ___ washable flooring in rooms equipped with handwashing stations (Policy)
 - ___ wet-cleaned flooring resists detergents
- ___ Thresholds & expansion joints flush with floor surface (5.2.1.7)

Walls (5.2.2.3)

- ___ wall finishes are washable
- ___ smooth & moisture resistant finishes at plumbing fixtures

ELEVATORS

- | | | |
|--|----|--|
| <ul style="list-style-type: none"> ___ Provide at least one elevator in multistory facility <ul style="list-style-type: none"> ___ wheelchair accessible ___ each elevator meets requirements of 3.1-6.2 | or | <ul style="list-style-type: none"> ___ Each floor has an entrance located at outside grade level or handicapped accessible by ramp from outside grade level |
|--|----|--|

PLUMBING**Handwashing station equipment**

- ___ handwashing sink
- ___ hot & cold water supply
- ___ soap dispenser
- ___ hand-drying provisions

Sink controls (1.6-2.1.3.2)

- ___ wrist controls or other hands-free controls at all handwashing sinks
- ___ blade handles max. 4½" long

MECHANICAL ((3.1-7.2)

- ___ Ventilation airflows provided per Table 2.1-2
- ___ Exhaust fans located at discharge end (7.2.5.3(1)(c))
- ___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (7.2.5.4(1))
- ___ Contaminated exhaust outlets located above roof (7.2.5.4(2))
- ___ Ventilation openings at least 3" above floor (7.2.5.4(4))
- ___ At least one 30% efficiency filter bed per Table 3.1-1